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21839 75	90 05/25/2006			have its own certifica	te of mailing or transmission.		
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ALEXANDRIA, VA 22313-1404						(Depositor's name)	
					·	(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	OINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/705,876 11/13/2003			Torsten Olofsson		027651-144	6290	
TITLE OF INVENTION: I	RANSPARENT PLASTIC C	JAS BARRIER PA	CKAGING	LAMINA I E			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	08/25/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
HON, SOW FUN		1772		428-035700			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer</li> </ol>			(1) the na or agents ( (2) the na	the names of up to 3 registered patent attorneys agents OR, alternatively,  the name of a single firm (having as a member a istered attorney or agent) and the names of up to istered attorney or agent) and the names of up to			
Number is required.	or more recent) attached. Use	e of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B			" "		,	
PLEASE NOTE: Unless recordation as set forth in	an assignce is identified be 37 CFR 3.11. Completion	low, no assignee of this form is NOT	data will app Γa substitute	car on the patent. If an assig for filing an assignment.	mee is identified below, the o	locument has been filed for	
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Tetra Laval Holding & Finance S.A.  Pully, Switzerland							
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	atent): 🗆 Individual 🖔	Corporation or other private gr	oup entity Government	
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Issue Fee			A check in the amount of the fee(s) is enclosed.				
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	MALL ENTITY status. See			ant is no longer claiming SM			
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Authorized Signature	Matthel Sch	<u> </u>	Date august 18, 2006				
Typed or printed name Matthew L. Schneider				Registration 20	No. 2: 32: 814	1 10735073	
submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USPT s for reducing this burden, st inia 22313-1450. DO NOT 1450.	O. Time will vary lould be sent to the SEND FEES OR C	depending up Chief Inform COMPLETER	to obtain or retain a benefit by lection is estimated to take 12 oon the individual case. Any mation Officer, U.S. Patent and FORMS TO THIS ADDRESS lection of information unless i	confinents on the amount of the discount of th	oartment of Commerce, P.O. for Patents, P.O. Box 1450,	